

Nimble Care Ltd

Nimble Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 November 2018 and was announced. This was the service's first inspection since registering with the Care Quality Commission.

Nimble Care is a domiciliary care agency. It provides personal care to people living in their own homes in the Chippenham area. It provides a service to older adults and younger disabled adults. At the time of our inspection 16 people who received a regulated activity, were using the service.

Not everyone using Nimble Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Staff knew how to recognise the signs of abuse and what to do about it. Risks to people's safety was assessed and actions put in place to minimise those risks. Medicines were managed safely.

Staff were recruited safely and were subject to an induction period which ensured they were confident, knowledgeable and competent to carry out their support duties.

Staff received mandatory training, both face to face and on-line. People were supported by staff who benefitted from regular one to one supervision and spot checks to ensure their practice was of a good standard.

Appropriate consents and legal representations were in place. Staff had training in and understood the Mental Capacity Act but needed to know how to fully apply its principles to their work.

People told us the staff were very caring and made them feel valued. Support for people was delivered in a way that promoted their independence. People were treated with respect and dignity.

The service was responsive to people's changing needs. Support plans were reviewed and updated when any changes happened.

People had personalised support plans developed with people and their family or representative. People were supported to maintain their interests and activities.

The service worked closely with professionals from the local authority, health and social care to assess care needs and provide the appropriate care to meet people's needs.

The registered manager was passionate about delivering a good quality service which was person centred and effective. The management team regularly assessed and monitored the quality of care being provided.

The service sought feedback from people, relatives and staff to gain a good understanding of potential improvements to make. There was a complaints procedure in place, however the service had not received any complaints since being in operation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of suitable staff to meet the needs of the people using the service.

Systems were in place to ensure people were protected from risks and abuse.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff knew how to promote people's choice but needed to know how to apply the principles of the Mental Capacity Act to their work.

Appropriate consents and legal authorisations were in place to support people in decision making.

Staff were suitably trained and skilled to meet people's needs.

People's health and social care needs were assessed prior to receiving support.

Is the service caring?

Good ●

The service was caring.

People were highly complementary about the support they received from staff.

Support was delivered in a way that promoted people's dignity and privacy.

Support plans and daily notes were written using respectful language.

Is the service responsive?

Good ●

The service was responsive.

People had person centred support plans which detailed their choices and preferences.

People were supported to maintain their interests and activities.

People told us the service was flexible and reliable. Support plans were reviewed and updated when any changes occurred.

Is the service well-led?

Good ●

The service was well led.

The registered manager's values and ethos to deliver person centred care was evident throughout the staff group.

The service reviewed, monitored and audited the quality of care being provided to people.

Feedback was sought from people, their relatives and staff which was all positive. No complaints had been received.

Nimble Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2018 and was announced. We told the provider one day before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had sent to us about important events.

We spoke with two people who used the service, two relatives, three care staff, the deputy manager and the registered manager. We requested feedback from three professionals, none responded to our request. During the inspection we reviewed three people's care plans and three staff personnel files. We looked at records relating to the management of the service including policies, procedures and audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Oh yes, safe, very safe." Another person told us they contacted the agency in an emergency when their electric wheelchair broke down a short distance from their home. The registered manager supported them to get home by pushing the wheelchair and ensuring they were safe. This made the person feel secure and they told us the service was very reliable.

The staff we spoke with were knowledgeable about their responsibilities to report any concerns. One staff member told us, "I would voice my concerns to the manager and they contact the safeguarding team." Another staff member described how they would recognise signs of abuse stating, "[People] may be frightened to speak up, I would know by a change, if the person was quiet or spoke differently when they are usually quite chatty."

Staff were also aware of how to whistle blow but had not had to do this. Whistleblowing procedures ensure that the whistle blower is protected from reprisals when a worker passes on information concerning wrongdoing at work.

People were protected from risks. Care plans contained risk assessments for keeping people safe whilst also maximising their independence when in their homes and when accessing the community. The service carried out an initial risk assessment of people's home environments to identify hazards for the person and for staff prior to providing support. They contacted professionals to arrange suitable equipment to provide safe support.

We saw a risk assessment for one person who used a wheeled trolley in their home. The hazard identified was a potential risk of forgetting to use the trolley or catching the trolley on furniture. The control to minimise the risk was for staff to remind the person to use the trolley and how to use it safely every time they provided support (following guidance from the physiotherapist).

Another person was at risk of falling when using the stairs. The control measure in place was for the support worker to walk alongside the person to guide and provide stability. Actions in place were to discuss obtaining suitable equipment with the person and their family, the review showed that arrangements had been put in place. The actions from risks were monitored regularly, reviewed and assessments updated.

Staff were recruited safely. Pre-employment checks were completed. These included identity checks and a disclosure and barring service check (DBS). A DBS check allows employers to make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups of people.

Staff were subject to a six-month probationary period where they shadowed more experienced staff and had spot checks to check their competency. Spot checks, carried out monthly, included, punctuality, personal appearance, respect and confidentiality. For example, did they use personal protective equipment correctly and were they wearing their ID badge? Following spot checks, areas for further support could be identified. New members of staff also shadowed the registered manager to ensure they fulfilled their requirements and

were knowledgeable about the services policies and procedures.

The service had sufficient numbers of staff deployed to meet the needs of people being supported. An electronic employee scheduling system was used which created rostering and timesheets for visits. The system organised and assigned support workers who had completed appropriate training for each person's visits.

Where people were supported with their medicines, they were managed safely. There were clear procedures in place for staff to follow when supporting people. The service had a robust protocol in place for 'as required' medicines, which included the dose, what it was used for and any possible side effects. A process to request a medical review if the medicine was being used frequently was also in place.

The service used an electronic medicine administration record (MAR) which was updated when staff used their mobile application to confirm they had given the medicine. The system ensured that if any medicines were missed following completion of a visit, an alert message was flagged to the managers systems. This meant that the managers could solve the error quickly by contacting the support worker.

People's care plans contained up to date information on their medicines, when they were to be administered, what they were used for and any side effects for staff to be aware of. Most people being supported had pharmacy pre-filled dispensers and we saw the 'six rights of safe medicines administration' guidance for staff. These were right person, medicine, route, dose, time and documentation. Staff told us they were trained and received refreshers in safe medicines administration practice.

People were protected from the risks of infection. Staff told us they had training in infection control practices and had access to personal protective equipment (PPE). Training included, safe hand washing protocols and techniques, food hygiene and how to dispose of waste safely. Staff were observed and infection control practices were assessed during spot checks.

The service had an electronic system in place to report and monitor incidents and accidents. Staff were aware of their responsibilities to report any events. The registered manager reviewed these reports and recorded any actions that were necessary. Lessons were learned by reviewing the actions and assessing whether they could respond differently in similar circumstances.

Is the service effective?

Our findings

People's needs were assessed prior to receiving support. The service worked with health and social care professionals to ensure support was provided in line with best practice guidelines. Some people were assessed to have rehabilitative care when being discharged from hospital. Following their rehabilitative care, many people continued with support from the service to maintain their improved level of independence.

Care plans detailed what the person could do independently and in which areas they needed support. One staff member told us, "It's about providing stimulation and enabling [people], supporting them to do the things they can do." Care plans were reviewed every six months. People were given information about the service, their personal folder and the complaints policy. The registered manager talked through the information during their first visit to ensure they were fully aware and knew what to expect from the service.

New staff were subject to an induction period when training in the Care Certificate was undertaken. The Care Certificate is a nationally identified set of standards that health and social care workers adhere to in their daily working life consisting of the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

The providers mandatory training included amongst others, moving and handling, safeguarding and dementia awareness. There was access to specialist training such as catheter and stoma care, if this was an assessed need of people using the service. Staff completed a reflective learning log to assist them in how to apply the training to their practice. All staff were up to date with mandatory training. We observed some practical training in how to carry out a wet shave during our inspection. The service used a matrix and alert system which detailed training, the date completed and when it was next due for different staff members. The system also assisted with scheduling and rotas as it recognised who had training in specific areas to match to people's needs.

Staff were encouraged to develop their skills and were complimentary of the amount and type of training made available to them. One staff member told us, "Training has been fantastic from shadowing, in the office from staff and on-line training. This is my first care job." Another staff member told us, "It's excellent, anything we feel not confident with we can talk to them personally, or they will find the right training."

People were supported to eat and drink sufficiently. We saw in support plans instructions at each visit to encourage the person to eat, detailing the types of food and fluid they preferred. One person had been losing weight due to memory loss and the guidance was to offer cakes biscuits and coffee, in between meals as snacks. In addition, to encourage them to choose a ready meal from the freezer which enabled them to be involved in their meal choices. One person said, "They know what they are doing, they do things to enable me, things I can do for myself."

People were supported to see community health professionals and attend appointments where necessary. The registered manager told us, "We work alongside family members. If [the person] asks for representation

at the doctors or hospital, we will go with them." No-one using the service had visits from the community nurse at the time of our inspection but other professionals left a record of their visit, for example, the chiropodist. One doctor had complimented the service for following guidance effectively which had improved the person's health condition.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Most people using the service had capacity to make decisions around their care and treatment. This was established during their initial assessment. For the people who lacked capacity, we saw that the appropriate legal representations were in place. These included Lasting Power of Attorneys (LPoA) for finance and property, as well as health and welfare. The registered manager told us they ensured that only the legal representative speaks on behalf of the person.

Staff had received training in the MCA (2005). Not all staff we spoke with fully understood the five principles of the Act and how they applied these to their work with people. However, they did advocate choice and autonomy for the people they supported. We raised this with the registered manager at the time of the inspection who responded immediately by seeking guidance from Skills for Care and re-scheduling refresher training. Skills for Care is the national workforce development body for adult social care.

Is the service caring?

Our findings

People were highly complementary about the service and told us the staff were very caring. One person said they didn't want any other service, "I want Nimble Care or nothing their standards and care is exceptional." Another person commented, "They go over and above, they are not just good they are excellent" and "They are really first-class people." A relative we spoke with was also positive about the support workers saying, "[my family member] is very, very well looked after, they are lovely, very nice, I can't complain at all."

The service helped people feel valued. It was located in the town centre and the registered manager told us, "We always encourage clients to pop in if they are in town." During the inspection, one person visited and was offered tea and a chat. We were told these informal interactions happened frequently. People received birthday and Christmas cards. One person told us, "They have time to talk to you, have a conversation, they remember things about me about the last time we talked." Another person told us, "They don't see me as a number, they see me as a human being and that ethos comes from the [the registered manager]."

The registered manager ensured that staff had adequate amounts of time between visits for travel which meant people received their allocated time and were not rushed. The service ran an 'employee of the month' scheme, to encourage staff to work to a high standard and boost morale. They received a certificate of appreciation as well as compliments sent in from the people they supported. Staff felt proud to work for Nimble care and one told us, "I wish I had done this years ago, I really enjoy the work and my colleagues are fantastic. It's a really good organisation." Another staff member told us, "It's the most rewarding thing when we see clients smiling and we know we are doing a good job."

People's records contained personalised information detailing their life history, their interests and preferences. Daily logs were written using respectful language and showed how people were supported emotionally as well as physically. One entry read, '[person] is feeling a lot better today...can start planning for a more positive secure future, allowing for more independence without restrictions. In truly good spirits which is so lovely to see'.

During the inspection we heard discussions with people and commissioners who had contacted the service to request assessments and provision of a service. The registered manager was careful to consider the request. The request was care for a person living with dementia. They required four visits per day, or to share the visits with another service. The registered manager wanted to either undertake all four visits (subject to her staffing ratio) or none. This was because she felt continuity of care was very important and to share the care would be confusing for the person.

People were treated with dignity and respect. Staff we spoke with told us, "I always knock on the door, let them know I am there. I ask if they have had a good night, how they are feeling." Another staff member said, "I would ask what they would like me to do, cover them up, make sure the blinds and the door is shut. I talk through what I am going to do. They are involved in their care with their routine." People's privacy was respected. Care records were securely stored.

Is the service responsive?

Our findings

People had a personalised support plan. Care plans showed very clearly that people's choices and preferences were central to the care they received. All care plans began with how the person liked to be addressed. One care plan we saw specifically advised the staff to greet the person using a local turn of phrase which meant, 'ask how I am feeling, how am I doing?' Care plans detailed how people preferred to receive their support including the types of toiletries and their routines.

People and their representatives had been involved in the development and review of their support plans. Plans had been amended as people's needs changed. There were systems in place to communicate the changes to staff, such as through team meetings and message alerts.

One person told us, "I don't always recognise when I am not well, because I have the same carers, they know me and they see it. I have lots of hospital appointments sometimes at short notice, the office is great, it is never a problem to re-arrange. They are very responsive."

People were supported to continue their interest in activities they enjoyed. For example, going for short walks, completing word searches and chatting about football, crown green bowls and cars during visits. The registered manager had found activity 'games' to support a person with their memory and their interests. These were puzzles, sand to mould and sculpt and using photos to build their memoirs in a book. The registered manager said, "Knowing the client gives us an idea of how we can make them happy and encourage them to be more alive and active."

The registered manager told us that they sometimes received urgent calls for help. A relative told us, "[They] are very accommodating and flexible." The registered manager told us that they had responded quickly and effectively when a person's spouse and carer had been admitted to hospital. They had worked with the whole family to provide safe care for the person left at home. Rotas were changed and re-covered to ensure that only carers who knew the person attended. There was a 24 hour on call system which was shared between the senior, deputy and registered manager. People and staff knew they could contact one of the managers in an emergency if they needed to.

There was a messaging system on the electronic care plans which sent an alert to the managers if any area of the care plan had not been completed. For example, if a person had not received fluids during the visit, the alert flags up in red. If there was no acceptable explanation recorded, the managers contacted the support worker to investigate and resolve.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One person using the service had dementia and the staff ensured they wrote brief information in the person's daily diary and calendar. They used colour coded stickers to represent times of visits which the person had been found to understand. For example, a yellow sticker meant a morning visit, a dark blue sticker meant an evening visit.

The service had not received any complaints in the 12 months since registration. However, they did have a complaints policy and procedure in place. Any complaints would be investigated initially by the registered and deputy manager so that details were not overlooked. They would visit the person and try to resolve any issue within a specified time. Any issues raised would be discussed at the monthly team meeting. Each person's care plan contained details on how to raise a complaint or concern either verbally or in writing, along with contact information for the local authority safeguarding team.

No-one being supported by the service was receiving end of life care. During the initial assessment process people were able to record their details for emergencies. Not all people had treatment and escalation plans (TEPS) or resuscitation instructions (DNAPR) in place. One person using the service used The Lions Club 'message in a bottle' system. This is a green cross identifier system for emergency staff containing medical information and end of life wishes.

Is the service well-led?

Our findings

There was a registered manager in post who was present throughout the inspection. The leadership team also consisted of a deputy manager to assist the registered manager with the day to day running of the service. The registered manager had clear values about how care and support should be provided and how the service should be received. These values were based on valuing and promoting people's rights, dignity and individuality. A staff member told us, "[the registered manager] has such a passion for their work and it's passed on to us to enable us to grow with our experiences."

The registered manager had several IT systems in place to track incidents, plan and schedule services and monitor the quality of the service being provided. For example, there were audits for amongst others, medicines administration and training. The registered manager was assessing the value and effectiveness of each system in order to adapt them to their service delivery. Although reviews and audits were undertaken these were not pulled together as one quality control auditing system. The registered manager was aware of this and had made it a priority in their development plans for the service.

Surveys were sent every quarter to people using the service. There was a paper version for people who did not like to use the on-line system. There were also 'user friendly' picture formats. The services website had a facility to leave testimonies and comments which were published. All feedback received was very positive. Compliments included, "The registered manager is very efficient and very compassionate."

The staff we spoke with were very complimentary about the support they received from the management team. Staff told us, "If you are not sure about anything you can talk to them without feeling embarrassed", "I can always call the office, nothing is too much trouble" and "there is a family feel, they are very approachable."

The registered manager told us they wanted to, "Build a good reputation." They had referrals and recruitment interest though word of mouth in their local community. The registered manager acknowledged that they were a small company and were learning as they grew. She told us, "As soon as I know the carer is managing their visits and they are happy to take on another client I will contact the council, I do not overload, it is important for clients and staff to be happy." The service is part of The Wiltshire Care Partnership which enabled them to receive peer support and share good practice.